

**Monthly Gross Income Guidelines
for SOBRA Medicaid and ALL Kids**
Valid Beginning February 1, 2015



If your child is under age 19 and uninsured, APPLY TODAY.

Eligibility is determined by family size and income.

To determine the program for which your child MAY qualify:

- Find your family size (include legal parent(s), children (natural and adopted) and unborn children.
- Find your income. Include all household members' income.
- Look at the top of the column for the program name.

Family Size	Children under 19 Years			
	Monthly		Annual	
	Medicaid	ALL Kids	Medicaid	ALL Kids
1	0-\$1,433	\$1,434-\$3,110	0-\$17,185	\$17,186-\$37,311
2	0-\$1,939	\$1,940-\$4,209	0-\$23,258	\$23,259-\$50,499
3	0-\$2,445	\$2,446-\$5,308	0-\$29,332	\$29,333-\$63,686
4	0-\$2,951	\$2,952-\$6,407	0-\$35,405	\$35,406-\$76,873
5	0-\$3,457	\$3,458-\$7,505	0-\$41,479	\$41,480-\$90,060

THESE ARE THE GUIDELINES

**Deductions may be take off your gross
(before taxes) monthly income for:**

- Alimony paid
- Student loan interest

NOTE: If self-employed, send in your entire current personal tax return, signed, including both pages of the schedule "C" or "F".

APPLY Online: **adph.org**

For more information or to have an application mailed to you,
call toll-free: 1-888-373-5437 (se habla español)
ALL KIDS IS ADMINISTERED BY THE ALABAMA DEPARTMENT OF PUBLIC HEALTH